

Application for Admission



This document forms part of the application process for Central Regional Health School (CRHS).
 Parent/legal guardian (if student under 18 years) to complete and submit with a CRHS Medical Certificate.
 Email completed forms to CRHS site Team Leader or admin@crhs.school.nz

STUDENT INFORMATION

Student First Name (LEGAL):	Student Surname (LEGAL):
Preferred First Name:	Preferred Surname:
Date of Birth:	Age (in years and months):
Gender at Birth: <input type="checkbox"/> Female <input type="checkbox"/> Male	Pronouns (optional): <input type="checkbox"/> He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them
Street Address:	
Suburb:	
City:	Postcode:
NSN (if known):	
Student Home Phone (inc. area code):	Student Mobile:
Student Email:	
Student is a NZ citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Language:
Ethnicity:	Iwi:
Internet access at home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Student has a device for learning? <input type="checkbox"/> Yes <input type="checkbox"/> No

PARENT/LEGAL GUARDIAN INFORMATION (if student under 18 years)

Parent/Legal Guardian 1 Full Name:	
Relationship to Student:	
Street Address (if different to above):	
Suburb:	
City:	Postcode:
Mobile:	Phone (inc. area code):
Email:	
Parent/Legal Guardian 2 Full Name:	
Relationship to Student:	
Street Address (if different to above):	
Suburb:	
City:	Postcode:
Mobile:	Phone (inc. area code):
Email:	

EMERGENCY CONTACT INFORMATION**Emergency Contact 1 Full Name:**

Relationship to Student:

Mobile:

Phone (inc. area code):

Emergency Contact 2 Full Name:

Relationship to Student:

Mobile:

Phone (inc. area code):

SCHOOL OF ENROLMENT INFORMATION

School of Enrolment:

School Year (0-13):

Last Date at School:

School Contact Person:

Position:

School Contact Phone:

School Contact Email:

LEARNING INFORMATION

Any specific learning needs (please specify):

 Yes No ORS funded Yes No SAC - Special Assessment Conditions (secondary students only) Yes No Assistive Technology

Agencies involved:

 None RTL MOE Oranga Tamariki Speech Language Therapy Social Worker Other (please specify):Has the student been enrolled in Health School before? Yes No

If Yes, please specify when and where:

MEDICAL INFORMATION			
Medical reason for admission to CRHS:			
What are your hopes/goals for this student during their time at CRHS?			
KEY PERSON SUPPORTING STUDENT DURING ENROLMENT AT CRHS (eg GP or CASE MANAGER)			
Name:			
Organisation:			
Position:			
Phone:	Email:		
CONSENT			
<p>I/we are committed to supporting the student's engagement with CRHS, including ensuring their attendance, encouraging learning at home, participating in review meetings, and being an active member of the student's support team.</p> <p>I request that the Central Regional Health School admit this student and I consent to educational, medical and other information relevant to the planning and delivery of this student's educational programme, being obtained and shared. This information will be used confidentially to assist in the assessment and educational planning regarding your child. If my child is withdrawn to attend another regional health school, I consent for all relevant information, including medical certificates, to be shared between the two schools to support a smooth transition.</p> <p>By signing below, I understand and accept the conditions stated above.</p> <p>In signing the Central Regional Health School Application for Admission form, the parent/legal guardian (if student under 18 years) consents to health information relevant to the educational programme being obtained and shared.</p>			
Parent/Legal Guardian (or student if 18 years and over) Name:			
Signature:			
Date:			
CRHS TEAM LEADER TO COMPLETE			
CRHS Site:	Teacher:	Date admitted to CRHS:	
OFFICE USE ONLY			
<input type="checkbox"/> Pre-enrolled	<input type="checkbox"/> Student Login	<input type="checkbox"/> Te Kura	<input type="checkbox"/> Section 37
Date Admission form received:		Date of enrolment:	

Privacy: Our privacy policy is governed by the New Zealand Privacy Act. Any personal information you provide will be kept secure, will not be disclosed to any third party and will only be used for the purpose for which it was provided or permitted by the Privacy Act or otherwise required by law. For more information on privacy please visit the Privacy Commissioner's website www.privacy.org.nz. If you want to check personal information that we hold, or request correction of that information then please write to: The Privacy Officer, CRHS, PO Box 9349 Marion Square, Wellington 6141 or email admin@crhs.school.nz.

Central Regional Health School Level 7, 234 Wakefield St, Wellington 6011
P: (04) 801 5010 or 0800 153 000 E: admin@crhs.school.nz www.crhs.school.nz